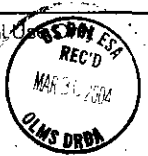


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

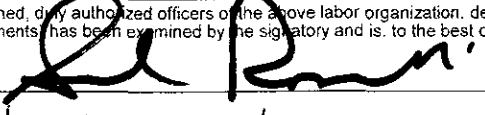
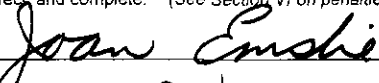
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use  <b>E</b>	1. FILE NUMBER <b>007 - 760</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2003</b> Through <b>12 31 2003</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>SHERLINA</b> Last Name <b>GRIMALDO</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>560 - 20TH STREET</b> City <b>OAKLAND</b> State ZIP Code + 4 <b>CA 94612 - </b>		
4. AFFILIATION OR ORGANIZATION NAME <b>SERVICE EMPLOYEES AFL-CIO</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>		6. DESIGNATION NUMBER <b>250</b>	
7. UNIT NAME (if any) <b>HEALTHCARE WORKERS UNION</b>			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  <b>3/26/2004</b> Date	PRESIDENT (If other title, see instructions.) <b>510/251-1250</b> Telephone Number	77. SIGNED:  <b>3/26/2004</b> Date	TREASURER (If other title, see instructions.) <b>510/251-1250</b> Telephone Number

*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☒ No ☐
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 8 3 5 8 4
19. What is the date of your organization's next regular election of officers? MO 0 2 YEAR 2 0 0 6
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>38.67</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>100</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>N/A</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒ ☐
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 007 - 760

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	2 8 3 6 0 2 0	4 8 9 3 8 8 1
	26. Accounts Receivable.....		1 9 3 6 0 1 6	1 2 1 5 0 2 0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	1 3 1 7 2 6 3	1 4 7 0 7 0 7
	30. Fixed Assets.....	5	3 6 3 2 8 6 9	5 7 8 6 3 2 6
	31. Other Assets.....	3	9 7 4 6 8	1 2 7 0 8 3
	32. TOTAL ASSETS.....		9 8 1 9 6 3 6	1 3 4 9 3 0 1 7
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	3 7 9 7 6 4	7 1 6 5 7 5
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		6 9 0 0 1 7	2 1 3 4 4 5 6
	36. Other Liabilities.....	4	2 7 1 1 9 1 8	3 4 6 0 7 2 6
	37. TOTAL LIABILITIES.....		3 7 8 1 6 9 9	6 3 1 1 7 5 7
38. NET ASSETS (Item 32 less Item 37).....		6 0 3 7 9 3 7	7 1 8 1 2 6 0	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 007 - 760

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		3 5 9 7 8 3 8 8	56. To Officers.....	9	1 0 7 9 0 1 0
40. Per Capita Tax.....		0	57. To Employees.....	10	1 0 9 1 7 9 7 3
41. Fees.....		0	58. Per Capita Tax.....		1 1 2 8 1 8 4 6
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense...	13	5 6 1 7 4 0 3
44. Work Permits.....		0	61. Educational & Publicity Expense...		1 0 0 7 6 0 8
45. Sale of Supplies.....		0	62. Professional Fees.....		1 0 4 7 4 3 3
46. Interest.....		2 4 3 5 3 2	63. Benefits.....	11	3 3 1 7 7 3 8
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	9 8 8 5 0 1
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	7 2 1 3 5 0	66. Direct Taxes.....		9 0 5 0 2 3
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		0
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	2 7 4 6 3 7 2
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	4 1 7 9 0 5 9	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 5 5 5 6 1
55. TOTAL RECEIPTS.....		4 1 1 2 2 3 2 9	74. TOTAL DISBURSEMENTS .....		3 9 0 6 4 4 6 8

Enter Amounts in Dollars Only -- Do Not Enter Cents

**SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in ..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 007 - 760

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	1 0 3 5 4 8 9
2. Total Book Value	1 0 3 5 4 8 9
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	4 3 5 2 1 8
5. Total Book Value	4 3 5 2 1 8
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 4 7 0 7 0 7
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. Deferred Loan Fees	2 2 0 0 3
2. Lease Deposits	2 0 2 1 5
3. Prepaid Expenses	8 4 8 6 5
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 2 7 0 8 3
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. Accrued Payroll	3 7 5 6 0 4
2. Accrued Vacation	1 2 4 1 2 0 1
3. Per Capita Taxes Payable	1 1 9 2 2 2 7
4. Accrued Pension	3 4 9 0 1 1
5. Accrued Medical & Insurance	1 7 0 0 5 9
6. Total from additional pages (if any)	1 3 2 6 2 4
7. Total of Lines 1 through 6	3 4 6 0 7 2 6
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 007 - 760

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): Oakland/ Sacra./ San Jose/ SF, CA	1 7 7 1 7 3 1		1 7 7 1 7 3 1	1 7 7 1 7 3 1
2. Totals from additional pages (if any)				
3. Buildings (give location): Oakland/Sacra.San Jose/San Fr,	4 5 7 4 4 7 6	9 0 0 7 4 9	3 6 7 3 7 2 7	3 6 7 3 7 2 7
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	9 0 0 9 5 3	5 6 0 0 8 5	3 4 0 8 6 8	3 4 0 8 6 8
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	7 2 4 7 1 6 0	1 4 6 0 8 3 4	5 7 8 6 3 2 6	5 7 8 6 3 2 6
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Sale of Investment	3 5 9 2 8 8	3 5 9 2 8 8	3 5 9 3 5 0	3 5 9 3 5 0
2. Land and Building - Sacramento	2 8 6 6 2 1	2 3 0 5 1 0	3 7 9 0 0 0	3 6 2 0 0 0
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	6 4 5 9 0 9	5 8 9 7 9 8	7 3 8 3 5 0	7 2 1 3 5 0
7. Less Reinvestments				0
8. Net Sales				7 2 1 3 5 0
The total from Line 8 is entered in ..... Item 49				

# **SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: **007 - 760**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1 Land & Building - San Francisco	2100000	2100000	2100000
2 Investments	144731	144731	144731
3 Improvements	236041	236041	236041
4 Office Equipment	265600	265600	265600
5 Totals from additional pages (if any)			
6 Totals of Lines 1 through 5	2746372	2746372	2746372
7. Less Reinvestments			0
8. Net Purchases			2746372
The total from Line 8 is entered in ..... Item 68			

# **SCHEDULE 8 -- LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 007 - 760

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER)</small>	Status (C)*						
1	ROSSELLI SAL PRESIDENT	C	1 0 1 4 4 2	6 0 0 0	6 0 6 5	0	1 1 3 5 0 7
2	EMSLIE JOAN SECRETARY - TREAS	C	9 6 6 1 1	6 0 0 0	2 3 7 6	0	1 0 4 9 8 7
3	BORSOS JOHN ADMIN VP	C	8 1 3 9 5	6 0 0 0	9 4 8 3	0	9 6 8 7 8
4	CLAYTON WILBUR ADMIN VP	C	8 7 8 6 7	6 0 0 0	2 6 7 4	0	9 6 5 4 1
5	DALLY DIANE ADMIN VP	C	8 7 8 6 7	1 1 5	2 2 5 7	0	9 0 2 3 9
6	GOLDSTEIN GLENN R ADMIN VP	C	8 7 8 6 7	6 0 0 0	1 8 5 8	0	9 5 7 2 5
7	MARTIN DANIEL ADMIN VP	C	8 7 8 6 7	6 0 0 0	1 0 6 1	0	9 4 9 2 8
8. Totals from additional pages (if any)			3 6 1 8 5 5	1 4 6 5 4	9 6 9 6	0	3 8 6 2 0 5
9. Totals of Lines 1 through 8			9 9 2 7 7 1	5 0 7 6 9	3 5 4 7 0	0	1 0 7 9 0 1 0
10. Less Deductions							0
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements			1 0 7 9 0 1 0

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 007 - 760

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1 ABAA-OGLEY DINA J ADMIN ASSISTANT NA	4 5 3 6 1	0	2 6 5	0	4 5 6 2 6
2 ABARCA ONOFRE ASST. DIRECTOR NA	7 8 3 7 2	5 0 7 7	2 6 2 9	0	8 6 0 7 8
3 AFARIOGUN FOLA R. FIELD REP ORGANI NA	4 6 2 3 8	6 0 0 0	2 0 9 9	0	5 4 3 3 7
4 AIRHEART JAMES R OFFICE MANAGER NA	2 3 3 4 0	0	0	0	2 3 3 4 0
5 ALLEN JOHN FIELD REP ORGANI NA	6 4 8 3 6	5 8 8 4	2 8 4 9	0	7 3 5 6 9
6. Totals from additional pages (if any)	9 1 6 9 0 5 3	7 1 8 2 9 9	3 4 6 4 5 8	0	1 0 2 3 3 8 1 0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	3 6 9 5 7 3	2 3 2 2 4	8 4 1 6	0	4 0 1 2 1 3
8. Totals of Lines 1 through 7	9 7 9 6 7 7 3	7 5 8 4 8 4	3 6 2 7 1 6	0	1 0 9 1 7 9 7 3
9 Less Deductions			0		
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements 1 0 9 1 7 9 7 3		

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 7 - 7 6 0

Description (A)	To Whom Paid (B)	Amount (C)
1. Health/Dental/Vision/ Worker's Comp/Life/Pension	Various (SEIU/Insur Co)	3 3 1 7 7 3 8
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 3 1 7 7 3 8
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Political/Charitable Donation	9 8 8 5 0 1
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9 8 8 5 0 1
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Utilities	1 2 2 0 0 0
2. Advertisement	1 5 6 2 6 2
3. Rent	9 2 3 7 8
4. Cell Phone	4 0 3 8 9 2
5. Food	2 7 5 4 8 6
6. Telephone	2 4 3 4 2 5
7. Total from additional pages (if any)	4 3 2 3 9 6 0
8. Total of Lines 1 through 7	5 6 1 7 4 0 3
The total from Line 8 is entered in ..... Item 60	

# **SCHEDULE 14 - OTHER RECEIPTS**

Description (A)	Amount (B)
1. PAC Contributions	1 2 9 2 1 3
2. Gain on Property Sale	1 3 0 6 0 6
3. Organizing Subsidy	5 2 4 2 9 8
4. Mortgage Loan Proceeds	1 5 7 5 0 0 0
5. Collections of PY's Receivables	6 9 8 4 4 0
6. SEIU Intl. Strike Fund	6 1 8 5 8 6
7. All Other Sources	5 0 2 9 1 6
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 1 7 9 0 5 9
The total from Line 17 is entered in ..... Item 54	

# **SCHEDULE 15 - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Mortgage Payments	1 3 0 5 6 1
2. Deferred Loan Fees	1 5 0 0 0
3. Deposit	1 0 0 0 0
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 5 5 6 1
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
MARTINEZ PAMELA ADMIN VP		C	8 9 5 7 1	0	1 0 1 5	0	9 0 5 8 6
RODRIGUEZ RACHEL ADMIN VP		C	7 7 4 8 6	6 0 0 0	2 4 2 5	0	8 5 9 1 1
GRUNDY JANEY BOARD-AUDITORS		C	3 3 1 6	0	3 4 0	0	3 6 5 6
TAYLOR CONNIE BOARD-AUDITORS		C	1 5 3 8	0	1 9	0	1 5 5 7
AREVALO CLAUDIA VICE PRESIDENT		C	9 0 8 1	0	0	0	9 0 8 1
BARBARIN JUANITA VICE PRESIDENT		C	0	0	4 3 6	0	4 3 6
BECKMAN-ROMA LINDA VICE PRESIDENT		C	2 7 7	0	0	0	2 7 7
BOEGEL MONICA VICE PRESIDENT		C	1 2 3 6	0	2 9	0	1 2 6 5

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
BOWER WILLIAM VICE PRESIDENT	C	1 1 8 8 2	0	6 6	0	1 1 9 4 8
BROWN MILDRED VICE PRESIDENT	C	4 6 0	0	2 0	0	4 8 0
BYERS ROSIE VICE PRESIDENT	C	1 4 5 1 0	0	1 4 6	0	1 4 6 5 6
CHAVEZ YOLANDA VICE PRESIDENT	C	2 4 4 3	0	1 1 9	0	2 5 6 2
COOLEY BRUCE VICE PRESIDENT	C	4 0 0 9	0	3 7	0	4 0 4 6
DAY MICHAEL VICE PRESIDENT	C	4 0 8 7	0	2 3	0	4 1 1 0
EVANS NANCY VICE PRESIDENT	C	1 5 6 0	0	1 8 9	0	1 7 4 9
GATAN TERESIT VICE PRESIDENT	C	2 2 7	0	8	0	2 3 5

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
GRANT-HICKS LAVERNE VICE PRESIDENT	C	1 7 0 5 7	1 1 5 4	1 1 5	0	1 8 3 2 6
HANSEN NANCY VICE PRESIDENT	C	9 3 1	0	3 0	0	9 6 1
HUNT OLETHA VICE PRESIDENT	C	1 2 2 2 1	6 9 2	4	0	1 2 9 1 7
JOHNSON TERRI VICE PRESIDENT	C	7 0 9	0	0	0	7 0 9
KIRTMAN DEBORAH VICE PRESIDENT	C	1 7 6 4	0	0	0	1 7 6 4
KURPIES MARTIN VICE PRESIDENT	C	8 5 4 9	1 3 8 5	3 7 0	0	1 0 3 0 4
LAI XIAO JI VICE PRESIDENT	C	4 2 4	0	6 5	0	4 8 9
MACIAS SHERRI VICE PRESIDENT	C	1 0 0 5 7	1 1 5 4	2 7 2	0	1 1 4 8 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MANLEY TAMARA VICE PRESIDENT	C	1 2 4 7	0	8	0	1 2 5 5
MORRIS MAYA VICE PRESIDENT	C	4 2 5 5	0	4 4	0	4 2 9 9
NAVARRO - LI ARLENE VICE PRESIDENT	C	1 4 8 2	0	1 6 9	0	1 6 5 1
NELSON SHIRLEY VICE PRESIDENT	C	1 7 3 9 5	0	4 3 8	0	1 7 8 3 3
PERKINS CAROLYN VICE PRESIDENT	C	2 4 3 6	0	6 3 2	0	3 0 6 8
POLONSKAYA RAISA VICE PRESIDENT	C	9 0 0 0	0	0	0	9 0 0 0
RAIFORD ELLA VICE PRESIDENT	C	1 1 7 8	0	1 4 0 4	0	2 5 8 2
REESE-BURNS ELOISE VICE PRESIDENT	C	2 2 9 7	0	2 2 1	0	2 5 1 8



ORGANIZATION NAME.  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED.  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
RUIZ HADA VICE PRESIDENT	C	7 9 2	0	1 2	0	8 0 4
RUNNELS MARY R. VICE PRESIDENT	C	1 1 4	0	9 7	0	2 1 1
SAMUEL MARIA VICE PRESIDENT	C	1 1 7 0	0	1 2 3	0	1 2 9 3
STEPP-REGACH FRANCES VICE PRESIDENT	C	1 7 6 5	0	2 8 8	0	2 0 5 3
THOMAS LUCINDA VICE PRESIDENT	C	1 7 3 5	0	1 2	0	1 7 4 7
TILLERY TERRY L VICE PRESIDENT	C	3 5 6	0	1 1 8	0	4 7 4
VAZQUEZ MARTHA VICE PRESIDENT	C	3 9 0 1 8	4 2 6 9	0	0	4 3 2 8 7
VETSCH SALLY J VICE PRESIDENT	C	1 8 0 9	0	3 9 1	0	2 2 0 0

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
WHITE MARIE VICE PRESIDENT	C	5 7 5	0	1 1	0	5 8 6
YORK-JONES HELEN VICE PRESIDENT	C	1 8 3 6	0	0	0	1 8 3 6

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ALLEN KYSHIA MEMBERSHIP ASSOC NA	2 7 2 6 0	0	0	0	2 7 2 6 0
ALVAREZ PATRICI ORGANIZER NA	1 8 9 1 0	1 7 3 1	0	0	2 0 6 4 1
AMAYA BLANCA FIELD REP ORGANI NA	4 7 7 2 1	6 0 0 0	1 8 5 3	0	5 5 5 7 4
ANDERSON MARISHA ADMIN ASSISTANT NA	4 6 4 4 3	0	2 1 5	0	4 6 6 5 8
ANDREWS REBECCA HR DIRECTOR NA	4 3 1 5 4	0	2 7	0	4 3 1 8 1

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BACON SHARON FIELD REP ORGANI NA	2 7 4 8 3	3 6 6 9	1 8 8 7	0	3 3 0 3 9
BANFORD BARBARA SECRETARY NA	4 2 2 0 4	0	1 1 6	0	4 2 3 2 0
BATES DAVID DIRECTOR NA	7 7 0 2 5	6 0 0 0	1 6 3 8	0	8 4 6 6 3
BAUMANN BILLIE ORGANIZER NA	3 2 4 6 0	4 6 1 5	3 8 3 9	0	4 0 9 1 4
BELL BEATRIC PROGRAM COORDINA NA	5 4 9 1 5	5 9 7 7	1 1 7	0	6 1 0 0 9

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
BENNINGTON DANIEL		1 7 8 9 5	3 0 0 0	4 2 4	0	2 1 3 1 9
FIELD REP ORGANI						
NA						
BENNINGTON MICHAEL		2 2 8 2 9	2 7 9 2	3 7 0	0	2 5 9 9 1
ORGANIZER						
NA						
BLACK CAROL		8 0 4 4 8	6 2 3 1	2 9 1 7	0	8 9 5 9 6
ASST. DIRECTOR						
NA						
BOLANOS VIRGINI		1 4 3 4 4	0	3 3 1	0	1 4 6 7 5
FIELD REP ORGANI						
NA						
BONIFAY TIMOTHY		6 7 1 2 9	6 0 0 0	2 9 5 4	0	7 6 0 8 3
FIELD REP ORGANI						
NA						

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BRACONI DIRECTOR NA	8 1 3 9 5	6 0 0 0	2 7 9 4	0	9 0 1 8 9
CALLAHAN ASST. DIRECTOR NA	4 3 4 2 3	3 3 4 6	2 1 6 6	0	4 8 9 3 5
CALLIN FIELD REP ORGANI NA	2 6 7 8 6	2 1 9 2	3 5 7	0	2 9 3 3 5
CALOCA ACCOUNTING ASSOC NA	4 3 1 6 5	0	1 9	0	4 3 1 8 4
CAMPAGNA ORGANIZER NA	4 5 3 7 9	5 3 0 7	1 0 3 0 3	0	6 0 9 8 9

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CANNON CRAIG R ORGANIZER NA	3 0 8 6 9	5 0 7 7	0	0	3 5 9 4 6
CARLSON CATHERI MEMBERSHIP AUDIT NA	4 9 0 2 7	0	0	0	4 9 0 2 7
CHAN DOMINIC ASST. DIRECTOR NA	7 4 1 6 5	6 0 0 0	1 7 5 3	0	8 1 9 1 8
CHAN LIN YEE FIELD REP ORGANI NA	2 2 0 3 8	3 0 0 0	4 8 4	0	2 5 5 2 2
CHARLES DILLON FIELD REP ORGANI NA	4 2 8 1 6	5 8 3 8	5 8 9	0	4 9 2 4 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CHOW LEON ASST. DIRECTOR NA	7 3 5 8 5	6 0 0 0	1 1 6 6	0	8 0 7 5 1
CITRIN MUNI A ASST. DIRECTOR NA	6 7 1 1 9	5 1 9 2	9 4 6	0	7 3 2 5 7
CLARK DAVID H ORGANIZER NA	3 6 2 6 3	4 6 1 5	2 5 3 4	0	4 3 4 1 2
CLAYTON PIETER FIELD REP ORGANI NA	1 1 9 7 2	1 1 0 8	4 0	0	1 3 1 2 0
COLCORD TORREN FIELD REP ORGANI NA	6 9 3 8 4	6 0 0 0	1 3 5 5	0	7 6 7 3 9



ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
COLON CHRISTI MEMBERSHIP ASSOC NA	3 6 5 5 8	0	0	0	3 6 5 5 8
CORDOVA LINDA OFFICE MANAGER NA	4 1 7 8 4	0	7 2	0	4 1 8 5 6
CORLEY WILLIAM GRAPHIC DESIGNER NA	2 9 6 3 2	0	1 5 9	0	2 9 7 9 1
CORNEJO RALPH ASST. DIRECTOR NA	8 8 9 8 7	6 0 0 0	5 6 3 0	0	1 0 0 6 1 7
CORRAL GUSTAVO FIELD REP ORGANI NA	5 7 1 9 4	6 0 0 0	3 2 2 8	0	6 6 4 2 2

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CURCIO FIELD REP ORGANI NA	3 0 8 2 5	5 0 5 4	0	0	3 5 8 7 9
DANIELS OFFICE MANAGER NA	3 5 6 7 5	0	8 5	0	3 5 7 6 0
DAVALLOU IT ASSISTANT NA	4 7 2 3 5	0	3 1 0	0	4 7 5 4 5
DAVIS FIELD REP ORGANI NA	3 7 1 9 6	4 8 4 6	6 3 1	0	4 2 6 7 3
DEUTSCH FIELD REP ORGANI NA	4 1 1 7 3	6 0 0 0	2 4 3 3	0	4 9 6 0 6

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
DOLLY NORAH K ACCOUNTING ASSIS NA	4 0 6 4 6	0	2 6	0	4 0 6 7 2
DOWNING ROBERT FIELD REP ORGANI NA	5 1 9 4 1	6 0 0 0	2 4 7 1	0	6 0 4 1 2
DOYLE PATRICK FIELD REP ORGANI NA	5 3 6 3 0	6 0 0 0	3 5 1 5	0	6 3 1 4 5
DRAPER RICHARD ORGANIZER NA	5 9 2 7 4	6 0 0 0	3 5 8 9	0	6 8 8 6 3
DUNBAR ALLEN FIELD REP ORGANI NA	5 9 0 3 1	4 2 6 9	1 6 9 6	0	6 4 9 9 6

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
DURAZO MARY AN ORGANIZER NA	2 9 1 3 9	3 3 4 6	3 0 1 3	0	3 5 4 9 8
DURGIN GUILLER FIELD REP ORGANI NA	2 9 6 7 2	3 4 6 1	1 0 6 4	0	3 4 1 9 7
ECHEVARRIA GABRIEL ORGANIZER NA	4 1 0 9 5	7 3 9 5	5 5 4 8	0	5 4 0 3 8
ESCALANTE CECILIA ADMIN ASSISTANT NA	4 3 3 2 7	0	1 0 0	0	4 3 4 2 7
ESPINOZA RAFAEL FIELD REP ORGANI NA	6 2 8 1 6	6 0 0 0	1 5 6 7	0	7 0 3 8 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ESTEVES JANET ADMIN ASSISTANT NA	4 4 6 7 9	0	3 2 5	0	4 5 0 0 4
FAIRBANKS DEBBIE FIELD REP ORGANI NA	4 2 2 3 2	6 0 0 0	3 5 6 3	0	5 1 7 9 5
FARRO MAUREEN FIELD REP ORGANI NA	2 0 5 9 7	2 6 5 4	5 0 4	0	2 3 7 5 5
FENDLEY SUE W ASST. DIRECTOR NA	7 7 4 8 6	6 0 0 0	3 2 1 3	0	8 6 6 9 9
FICCARDI CATHERI MEMBERSHIP ASSOC NA	2 1 5 1 7	0	0	0	2 1 5 1 7

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
FLORES RENEE RECEPTIONIST NA	2 8 4 1 6	0	1 1	0	2 8 4 2 7
FOSTER BETTYE ADMIN ASSISTANT NA	5 6 5 7 4	0	2 1 0	0	5 6 7 8 4
GARCIA JR FELIPE ORGANIZER NA	5 6 1 7 3	7 1 5 4	1 0 6 1 0	0	7 3 9 3 7
GARCIA ANTONIA FIELD REP ORGANI NA	1 3 6 0 0	1 1 7 7	2 4 0	0	1 5 0 1 7
GAY MORGAN ASST. DIRECTOR NA	7 5 4 3 9	6 0 0 0	2 3 2 6	0	8 3 7 6 5

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
GONZALES	SHANTHI	4 0 4 0 3	0	7 2 3	0	4 1 1 2 6
ADMIN ASSISTANT						
NA						
GONZALEZ	KAREN	4 9 1 6 1	0	2 0 7 1	0	5 1 2 3 2
ADMIN ASSISTANT						
NA						
GORDON	EMILY H	4 4 9 4 0	0	4 2 0	0	4 5 3 6 0
RESEARCH ASSISTA						
NA						
GRECO	JOAN	5 9 5 7 1	6 0 0 0	2 0	0	6 5 5 9 1
FIELD REP ORGANI						
NA						
GRIFFITH	MARIA	6 6 5 1 7	6 0 0 0	0	0	7 2 5 1 7
FIELD REP ORGANI						
NA						

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GRIMALDO SHERLIN CONTROLLER NA	7 7 4 8 6	0	0	0	7 7 4 8 6
GROSS MARY RU DIRECTOR NA	8 1 3 9 5	6 0 0 0	5 1 3 8	0	9 2 5 3 3
GUDBRANDSEN SARAH W MEMBERSHIP ASSOC NA	3 1 2 3 6	0	0	0	3 1 2 3 6
GUTIERREZ EDWARD RESEARCH ASSISTA NA	4 5 6 2 7	0	1 2 9	0	4 5 7 5 6
GUTIERREZ ROLANDO FIELD REP ORGANI NA	5 8 9 3 2	6 0 0 0	1 2 2 9	0	6 6 1 6 1



ORGANIZATION NAME.  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED.  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
HENAGAN MARY FIELD REP ORGANI NA	4 3 1 8 3	5 9 7 7	2 4 0 6	0	5 1 5 6 6
HERNANDEZ EDNA HR DIRECTOR NA	2 9 0 7 9	0	0	0	2 9 0 7 9
HERRERA-BARR NANCY FIELD REP ORGANI NA	7 7 0 1 2	6 0 0 0	1 0 0 6	0	8 4 0 1 8
HERZOG EDWIN J VIDEOGRAPHER NA	5 0 5 6 5	5 7 6 9	2 6 3 7	0	5 8 9 7 1
HESTER ROBERT FIELD REP ORGANI NA	5 3 3 8 5	6 0 0 0	9 2 3	0	6 0 3 0 8

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
HIRSCHMANN-L NELL  ORGANIZER  NA	3 7 1 9 3	6 0 0 0	5 1 6 1	0	4 8 3 5 4
HOLL GERALD  EDITOR  NA	6 2 4 9 4	6 0 0 0	7 7 2	0	6 9 2 6 6
HOLLINS EDNA  FIELD REP ORGANI  NA	1 7 9 1 4	2 8 6 1	1 1 4 6	0	2 1 9 2 1
HUNTER ANDRE C  MEMBERSHIP AUDIT  NA	2 5 1 4 7	0	3 2	0	2 5 1 7 9
IGE CHRISTO  POLITICAL ORGANI  NA	6 1 2 8 2	6 0 0 0	7 9 2 0	0	7 5 2 0 2

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
JANASKI MEMBERSHIP ASSOC NA	BONNIE		3 3 0 8 8	0	0	0	3 3 0 8 8
JOHNESE FIELD REP ORGANI NA	RANDALL		5 1 2 4 8	1 8 2 3	0	0	5 3 0 7 1
JOHNSON FIELD REP ORGANI NA	JASON L		1 8 2 5 8	2 5 3 8	4 0 8	0	2 1 2 0 4
KABBA FIELD REP ORGANI NA	KHADIJA		3 5 1 4 4	4 6 1 5	1 2 2 6	0	4 0 9 8 5
KENDRICK ORGANIZER NA	CURTIS		1 8 7 4 7	2 4 2 3	1 3 5	0	2 1 3 0 5

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED.  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
KIM MEMBERSHIP ASSOC NA KATHERE	3 0 4 7 1	0	0	0	3 0 4 7 1
KIPFER ASST. DIRECTOR NA MARK	6 1 2 1 9	6 0 0 0	1 1 8 9	0	6 8 4 0 8
KNIGHT ADMIN ASSISTANT NA VERONIC	4 4 3 5 4	0	2 2 9	0	4 4 5 8 3
KOSINSKI POLITICAL ORGANI NA JOHN J.	5 4 3 3 0	6 0 0 0	9 2	0	6 0 4 2 2
KRAUSE FIELD REP ORGANI NA KENNETH	6 7 5 9 1	6 0 0 0	1 0 2 2	0	7 4 6 1 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
KRISTAL GABRIEL FIELD REP ORGANI NA	5 0 4 8 6	6 0 0 0	1 9 0 8	0	5 8 3 9 4
KUMAR PAUL R. DIRECTOR NA	8 1 3 9 5	6 0 0 0	4 8 3 2	0	9 2 2 2 7
KURRE LAURA ASST. DIRECTOR NA	7 7 3 3 2	6 0 0 0	1 0 5 7	0	8 4 3 8 9
KYLES GENEVA POLITICAL ORGANI NA	2 0 1 0 1	2 5 3 8	8 4 9	0	2 3 4 8 8
LA CHAPELLE KAREN A FIELD REP ORGANI NA	4 3 2 3 9	6 0 0 0	1 9 5 1	0	5 1 1 9 0

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
LANDIN	ANTONIA	4 3 8 4 6	4 4 7 7	2 1 3 8	0	5 0 4 6 1
ORGANIZER						
NA						
LANE	LONNIE	5 6 1 5 4	5 7 0 0	1 3 9	0	6 1 9 9 3
FIELD REP ORGANI						
NA						
LANE	MEGAN S	4 5 9 1 1	6 0 0 0	2 5 7 5	0	5 4 4 8 6
ORGANIZER						
NA						
LESHAN	PIER J.	4 9 9 1 1	6 0 0 0	5 4 2 7	0	6 1 3 3 8
ORGANIZER						
NA						
LEWIS	AL	6 0 2 9 0	5 4 9 2	2 2 9 1	0	6 8 0 7 3
FIELD REP ORGANI						
NA						

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
LEWIS  FIELD REP ORGANI NA  MEDEA A	2 8 9 6 2	5 3 0 7	1 4 0 5	0	3 5 6 7 4
LIPSCOMB  FIELD REP ORGANI NA  KATHLEE	6 8 5 9 7	6 0 0 0	7 3 1	0	7 5 3 2 8
LONG  MEMBERSHIP ASSOC NA  SONIA	1 2 1 5 2	0	0	0	1 2 1 5 2
LUESCHER  FIELD REP ORGANI NA  LINDA	7 0 1 8 1	6 0 0 0	7 3 6	0	7 6 9 1 7
LYMAN  FIELD REP ORGANI NA  RANDY	5 0 8 7 7	4 1 5 4	4 5 5 2	0	5 9 5 8 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

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12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MAGDALENO MARY CA FIELD REP ORGANI NA	4 6 8 8 1	6 0 0 0	4 8 0 6	0	5 7 6 8 7
MAKUCH AUDRA L ORGANIZER NA	4 3 5 6 4	6 0 0 0	5 9 7 2	0	5 5 5 3 6
MAMO BETTIE FIELD REP ORGANI NA	9 5 3 0	6 6 9	0	0	1 0 1 9 9
MANANIAN NINFA F FIELD REP ORGANI NA	5 8 0 7 1	6 0 0 0	4 1 7 7	0	6 8 2 4 8
MARQUEZ LYDIA ORGANIZER NA	3 1 9 5 7	5 2 3 8	3 7 2 3	0	4 0 9 1 8



ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MARTIN ANNE ADMIN ASSISTANT NA	2 4 7 5 7	0	6 9 5	0	2 5 4 5 2
MARTINEZ FRANK X ASST. DIRECTOR NA	7 2 9 6 2	6 0 0 0	5 5 7 0	0	8 4 5 3 2
MARTINEZ SHARON FIELD REP ORGANI NA	1 3 3 7 7	0	1 1 6 6	0	1 4 5 4 3
MAZID IMRUL ORGANIZER NA	2 0 6 5 6	3 3 4 6	1 6 5 7	0	2 5 6 5 9
MC CALLUM JAMIE K ORGANIZER NA	1 8 4 2 7	2 7 6 9	3 7 3 4	0	2 4 9 3 0

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MC LAUGHLIN ERIN E. FIELD REP ORGANI NA	1 0 5 9 4	0	0	0	1 0 5 9 4
MC NAMARA BRIAN F ORGANIZER NA	4 5 8 1 1	6 0 0 0	7 2 1 9	0	5 9 0 3 0
MEJIA-MORENO ALBERTO FIELD REP ORGANI NA	6 6 8 5 8	6 0 0 0	1 1 4 4	0	7 4 0 0 2
MENDOZA SOPHIA ORGANIZER NA	3 7 1 8 6	6 0 0 0	6 3 6 6	0	4 9 5 5 2
MILLER KATHLEE COMMUNICATIONS S NA	3 8 7 5 9	4 8 4 6	1 1 7 4	0	4 4 7 7 9

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MONRAD ERIK P ORGANIZER NA	2 5 9 0 9	3 5 7 7	6 1 5	0	3 0 1 0 1
MORENO IRENE PROGRAM COORDINA NA	6 6 5 8 6	5 3 0 7	3 9 4 7	0	7 5 8 4 0
MUNOZ SUZETTE FIELD REP ORGANI NA	1 9 8 0 7	3 6 9 2	3 9 8	0	2 3 8 9 7
MYERS MELANIE RESEARCH ASSISTA NA	5 0 9 0 1	0	2 1 3	0	5 1 1 1 4
NAMMACHER GREGORY FIELD REP ORGANI NA	4 7 0 9 5	6 0 0 0	3 3 6 9	0	5 6 4 6 4

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
NELSON DEIRDRE ADMIN ASSISTANT NA	6 2 1 0 0	0	3 3 6	0	6 2 4 3 6
NIELSON JULIE POLITICAL ORGANI NA	6 1 2 8 2	6 0 0 0	5 3 3	0	6 7 8 1 5
ODA BRUCE K FIELD REP ORGANI NA	2 7 3 2 2	3 0 2 3	2 8 6	0	3 0 6 3 1
OLIVER-GOODW JENNIFE ASST. DIRECTOR NA	4 8 7 5 5	0	3 2 2	0	4 9 0 7 7
OMNES THERESE ASST. DIRECTOR NA	7 7 3 3 2	0	1 0 0	0	7 7 4 3 2

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ORTEGA ELIZABE PROGRAM COORDINA NA	5 3 0 6 4	6 0 0 0	5 1	0	5 9 1 1 5
OSORIO CARLOS FIELD REP ORGANI NA	9 8 8 9	1 6 1 5	1 0 3 5	0	1 2 5 3 9
PASQUALINI JOSEPH FIELD REP ORGANI NA	7 3 6 7 3	4 8 4 6	2 1 7 5	0	8 0 6 9 4
PASQUARELLI SHELLY FIELD REP ORGANI NA	1 1 7 9 5	1 3 8 5	3 0 2	0	1 3 4 8 2
PERKINS SHIRLEY ADMIN ASSISTANT NA	4 6 8 0 3	0	2 8	0	4 6 8 3 1

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
PHILLIPS ORGANIZER NA	LYDIA L	2 2 7 2 8	3 3 4 6	5 1 2 5	0	3 1 1 9 9
PHILLIPS SECRETARY NA	RUTH	4 0 9 4 4	0	0	0	4 0 9 4 4
PICON ORGANIZER NA	JOSE A.	6 1 2 0 8	6 0 0 0	2 6 3 5	0	6 9 8 4 3
PICOU FIELD REP ORGANI NA	CORINE	5 6 1 5 4	6 0 0 0	5 8	0	6 2 2 1 2
PONCE DE LEO FIELD REP ORGANI NA	RODGER	9 6 2 2	1 5 4 6	3 1	0	1 1 1 9 9

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
RAMAZZINI WALTER ORGANIZER NA		5 8 6 8 6	6 0 0 0	0	0	6 4 6 8 6
RAMIREZ MARTA A ORGANIZER NA		4 7 4 5 3	4 0 3 8	3 4 9 6	0	5 4 9 8 7
RAMIREZ RICARDO ORGANIZER NA		1 1 2 9 7	1 8 2 3	1 0 2 6	0	1 4 1 4 6
REARDON GABRIEL ADMIN ASSISTANT NA		1 9 6 3 0	0	4 2 9	0	2 0 0 5 9
REED JENNY M ORGANIZER NA		1 3 4 8 5	1 7 3 1	9 4 8	0	1 6 1 6 4

ORGANIZATION NAME:  
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FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(If applicable)</small>					
RUBIO BOWLEY RICHARD FIELD REP ORGANI NA	6 7 5 3 5	6 0 0 0	3 7 5 2	0	7 7 2 8 7
SAILS ARNOLD ASST. DIRECTOR NA	8 3 6 4 7	6 0 0 0	1 9 5 3	0	9 1 6 0 0
SALAMA CLAUDIN PROGRAM COORDINA NA	2 4 1 1 8	2 0 7 7	6 9 3	0	2 6 8 8 8
SANTOS MARIO E ORGANIZER NA	3 4 2 9 4	3 9 2 3	1 2 2 8	0	3 9 4 4 5
SCHNEIDER DEBBY FIELD REP ORGANI NA	7 0 2 4 9	6 0 0 0	2 1 8 9	0	7 8 4 3 8



ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
REID FIELD REP ORGANI NA	ANDREW		2 5 5 3 8	4 1 5 4	1 4 2 4	0	3 1 1 1 6
RESHES ASST. DIRECTOR NA	SANFORD		7 7 4 8 6	6 0 0 0	1 1 5 7	0	8 4 6 4 3
RIDGELL ASST. DIRECTOR NA	CHARLES		8 8 9 8 7	6 0 0 0	4 1	0	9 5 0 2 8
ROBBINS ORGANIZER NA	KEVIN D		4 4 2 1 4	6 0 0 0	4 2 5	0	5 0 6 3 9
RODRIGUEZ FIELD REP ORGANI NA	ISMAEL		5 6 6 9 3	6 0 0 0	3 7 1 2	0	6 6 4 0 5

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SCIORTINO FREJA S FIELD REP ORGANI NA	1 1 4 5 3	1 8 4 6	2 4 4	0	1 3 5 4 3
SCOTT JAYLEEN FIELD REP ORGANI NA	5 0 3 7 2	6 2 8 3	3 3 4 2	0	5 9 9 9 7
SEAVEY FREDERI DIRECTOR NA	7 7 4 8 6	6 0 0 0	6 1	0	8 3 5 4 7
SELDEN IAN S. FIELD REP ORGANI NA	1 5 9 6 0	1 5 0 0	0	0	1 7 4 6 0
SHARPE SARAH C ORGANIZER NA	1 4 5 8 3	2 1 9 2	1 1 6 6	0	1 7 9 4 1

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SHAW YVONNE FIELD REP ORGANI NA	3 5 3 9 3	1 7 3 1	1 7 3	0	3 7 2 9 7
SILVA JR DANIEL PRODUCTION TECHN NA	3 9 4 1 2	0	0	0	3 9 4 1 2
SIMMONS JOHN L. FIELD REP ORGANI NA	6 0 9 2 2	5 8 8 4	3 8 3 7	0	7 0 6 4 3
SIMON DANA DIRECTOR NA	8 1 3 9 5	6 0 0 0	3 7 4 7	0	9 1 1 4 2
SMITH LA TANG ADMIN ASSISTANT NA	4 5 5 5 0	0	2 3 8	0	4 5 7 8 8

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
STARIKOVA SOFIYA FIELD REP ORGANI NA	4 5 5 0 6	6 0 0 0	1 7 1 5	0	5 3 2 2 1
STEPHENS ERIC W. FIELD REP ORGANI NA	1 9 6 1 0	1 7 3 1	1 5 3 2	0	2 2 8 7 3
STEWART CORNELI FIELD REP ORGANI NA	5 8 6 5 6	6 0 0 0	2 9 3 0	0	6 7 5 8 6
STEWART SARAH ACCOUNTANT NA	5 3 1 2 0	0	0	0	5 3 1 2 0
STONE DONALD POLITICAL ORGANI NA	4 2 3 3 6	4 1 3 1	5 0 4 6	0	5 1 5 1 3

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SUMMERS JOSEPHI FIELD REP ORGANI NA	4 3 4 2 8	6 0 0 0	0	0	4 9 4 2 8
SUMMERS STEPHAN ASST. DIRECTOR NA	7 7 4 8 6	6 0 0 0	6 4 1 2	0	8 9 8 9 8
TAPPEINER PETER A ORGANIZER NA	1 9 8 1 0	3 2 3 1	1 8 5 7	0	2 4 8 9 8
TAVAGLIONE KIMBERL FIELD REP ORGANI NA	5 8 6 5 6	6 0 0 0	2 5 3 1	0	6 7 1 8 7
TEGENKAMP GREGORY FIELD REP ORGANI NA	6 5 3 0 7	6 0 0 0	2 6 2 7	0	7 3 9 3 4

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
TEKKEY PRATIBH ORGANIZER NA	1 8 4 1 5	3 0 0 0	7 7 2	0	2 2 1 8 7
TEMPLETON LYNN OPERATIONS MANAG NA	7 2 6 4 9	0	2 1 1 6	0	7 4 7 6 5
THOMAS ALICE ORGANIZER NA	2 3 9 9 5	4 0 3 8	8 0 7	0	2 8 8 4 0
TIERNAN PETER FIELD REP ORGANI NA	5 8 6 5 6	6 0 0 0	5 4 7 2	0	7 0 1 2 8
TRUJILLO ELENA MEMBERSHIP ASSOC NA	1 1 3 7 4	0	0	0	1 1 3 7 4

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
TURLAK IGOR FIELD REP ORGANI NA		5 7 1 9 4	6 0 0 0	1 2 7 6	0	6 4 4 7 0
ULIBARRI JASON A ORGANIZER NA		3 3 4 8 5	5 5 3 8	4 6 6 8	0	4 3 6 9 1
ULVELING KATHERI ORGANIZER NA		1 7 4 7 7	2 7 6 9	1 0 7	0	2 0 3 5 3
UNIMUKE MICHAEL FIELD REP ORGANI NA		5 6 3 3 4	6 0 0 0	2 0 5 0	0	6 4 3 8 4
VAIDYANATHAN MEERA RESEARCH ASSISTA NA		1 4 1 3 7	0	0	0	1 4 1 3 7

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
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## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
VALVERDE GAYLE O FIELD REP ORGANI NA	3 8 4 5 8	5 5 1 5	2 1 6 0	0	4 6 1 3 3
VAN EYCK JOHN FIELD REP ORGANI NA	6 2 2 3 8	6 0 0 0	2 6 8 9	0	7 0 9 2 7
VANEGAS ROSA M. ASST CONTROLLER NA	5 5 5 7 4	0	1 4	0	5 5 5 8 8
VASQUEZ AMALIA ADMIN ASSISTANT NA	5 3 8 8 9	0	6 9 6	0	5 4 5 8 5
WALKER FRANKLI FIELD REP ORGANI NA	1 0 6 5 5	1 3 8 5	6 4 9	0	1 2 6 8 9



ORGANIZATION NAME  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED.  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WALLACE HOWARD FIELD REP ORGANI NA	4 8 0 8 4	1 1 5 4	0	0	4 9 2 3 8
WEESE SANDRA POLITICAL ORGANI NA	6 3 5 6 2	6 0 0 0	1 0 5 8 2	0	8 0 1 4 4
WEISMAN JOSHUA ORGANIZER NA	4 0 4 2 8	6 0 0 0	3 6 5 4	0	5 0 0 8 2
WEISS BONNIE ADMIN ASSISTANT NA	5 7 6 8 6	0	7 1	0	5 7 7 5 7
WEITZ JONATHA FIELD REP ORGANI NA	2 5 2 6 6	4 1 0 8	0	0	2 9 3 7 4

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WHALEN PAM ASST. DIRECTOR NA	7 8 3 7 2	6 0 0 0	4 6 1 1	0	8 8 9 8 3
WHITE NAKIA M ADMIN ASSISTANT NA	1 3 3 0 9	0	0	0	1 3 3 0 9
WILLETT PHYLLIS DIRECTOR NA	8 1 3 9 5	0	6 2 0	0	8 2 0 1 5
WILLETT REBECCA WEB COMMUNICATOR NA	5 0 4 4 6	0	1 4 1 2	0	5 1 8 5 8
WILLIAMS SYEISHA SECRETARY NA	2 9 9 2 0	0	1 1	0	2 9 9 3 1

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WILSON CORINNE FIELD REP ORGANI NA	4 5 1 0 8	6 0 0 0	4 9 8 0	0	5 6 0 8 8
WISER JOSHUA FIELD REP ORGANI NA	3 4 2 7 1	4 5 9 2	4 0 8 8	0	4 2 9 5 1
WONG GARY IT MANAGER NA	6 7 4 7 2	0	1 0 2	0	6 7 5 7 4
ZAZUETA JAMES P ADMIN ASSISTANT NA	1 9 5 3 7	0	0	0	1 9 5 3 7

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Equipment Lease	4 3 8 3 6 0
Travel	4 7 9 3 7 2
Hospitality	3 7 4 0 0
Equipment Maintenance	4 9 6 5 3
Computer Costs	4 1 2 0 6 2
Supplies	3 0 6 3 6 9
Postage	5 4 8 9 2 0
Property Taxes	6 7 1 2 9
Repairs and Maintenance	7 8 4 3 3
Janitorial Expenses	1 9 4 0 2 4
Insurance	3 5 7 7 8
Moving Cost	3 1 6 1 6
Strike Fund Expense	6 1 8 4 9 9
Meeting Expense	1 4 9 9 9
Leadership Conference	6 3 5 3 7 8
Member Training	3 8 3 5 9

ORGANIZATION NAME: <b>SERVICE EMPLOYEES AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2003</b>

FILE NUMBER: **0 0 7 - 7 6 0**

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
Interest	1 0 1 5 3 9
Member Service	8 7 4 0 7
Officer Election	1 7 3 0 0
Retreat	2 1 6 7 1
Subscriptions	1 5 1 9 9
Translation Service	1 2 6 4 4
Parking	7 5 7 0 2
Security	6 1 4 7

FILE NUMBER: 007 - 760

**SCHEDULE 4 – OTHER LIABILITIES (continued)**[illegible]

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

Trustee Sign: \_\_\_\_\_ TRUSTEE

Trustee Sign: \_\_\_\_\_ TRUSTEE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## 75. ADDITIONAL INFORMATION

Item Number	
11	Mr. Sal Rosselli and Mr. Charlie Ridgell sit on the following: Healthcare Employees/Employers Dental and Medcial Trust (Administered by: Larry F. Winston, Dublin Insurance Services, 6680 Sierra Lane Dublin, CA 94568). Mr. Charlie Ridgell also sits on the SEIU National Industry Pension Fund administered by SEIU NIPF (1313 "L" Street, Washington, DC 20006).



ORGANIZATION NAME: <b>SERVICE EMPLOYEES AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2003</b>

FILE NUMBER: **0 0 7 - 7 6 0**

## 75. ADDITIONAL INFORMATION(*continued*)

Item Number	
12	Local 250 maintains two political action committee funds.

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	Local 250 has an annual audit of its financial statements by Hood & Strong LLP, CPAs. Hood & Strong LLP is located at 60 Spear Street, Suite 400, San Francisco, CA 94105.

ORGANIZATION NAME:  
**SERVICE EMPLOYEES AFL-CIO**

FILE NUMBER: **0 0 7 - 7 6 0**

ENDING DATE OF PERIOD COVERED:  
**12/31/2003**

## **75. ADDITIONAL INFORMATION (*continued*)**

Item Number	
13	Depreciation and amortization of property and equipment amounted to \$177,508 in the year ended December 31, 2003. Also in 2003, Local 250 wrote-off \$52,335 of leasehold improvements having no future economic value.

ORGANIZATION NAME:  
**SERVICE EMPLOYEES AFL-CIO**

FILE NUMBER: **0 0 7 - 7 6 0**

ENDING DATE OF PERIOD COVERED:  
**12/31/2003**

## **75. ADDITIONAL INFORMATION** *(continued)*

Item Number	
16	Mr. Sal Rosselli received \$11,532 from S.E.I.U. International for his participation on the S.E.I.U. International Executive Board (which amount Mr. Rosselli gave to Local 250).

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 007 - 760

ENDING DATE OF PERIOD COVERED:  
12/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	Land and buildings located in Oakland and San Francisco, California (which are included in the totals in Schedule #5) serve as collateral on mortgage loans.

ORGANIZATION NAME: <b>SERVICE EMPLOYEES AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2003</b>

FILE NUMBER: **0 0 7 - 7 6 0**

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
10	<p>Local 250 has a subsidiary organization which holds title to certain land and buildings used by Local 250 in its operations. This organization is Unity Health Care Workers Corporation, a separate tax-exempt entity, which also has a calendar year end. The assets, liabilities, net assets, revenues and expenses of Unity Health Care Workers Corporation are included in this Form LM-2 (after appropriate consolidation elimination entries).</p>